

CLAIMS ONLY						Application Number 10/789454	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1					51						
2		1		1		52						
3	1		1			53						
4	1		1			54						
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44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
Total Indep	3		3			Total Indep						
Total Depend	12	←	12	←	←	Total Depend	←	←	←	←	←	←
Total Claims	15		15			Total Claims						